

HAWAII STATE ETHICS COMMISSION

SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

NAME (Last, First, Middle) HARIMOTO, BREENE Y.	STATE POSITION HELD: (Dept/Div or Board/Commission) BOARD OF EDUCATION TERM OF OFFICE (Begin/End): Nov. 2004 - Nov. 2008
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Check either number 1 or 2. If you check number 2, provide the relevant information.

1. ☐ I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.

2. ☒ I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by circling one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Circle "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.

Circle One: <input checked="" type="radio"/> Filer Spouse Dependent Child Jointly	Circle One: <input checked="" type="radio"/> Addition Deletion Change	ITEM # 1 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") CITY & COUNTY OF HONOLULU 530 S. KING ST. HONOLULU HI 96813 D RESEARCH ASSISTANT	STATE OF HAWAII ETHICS COMMISSION MAY 30 PM 2:58
Circle One: <input checked="" type="radio"/> Filer Spouse Dependent Child Jointly	Circle One: <input checked="" type="radio"/> Addition Deletion Change	ITEM # 1 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") PEARL CITY FOUNDATION P.O. BOX 114 PEARL CITY HI 96814 C EXECUTIVE DIRECTOR	
Circle One: <input checked="" type="radio"/> Filer Spouse Dependent Child Jointly	Circle One: Addition <input checked="" type="radio"/> Deletion Change	ITEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") AMERICAN HONDA FINANCIAL CORP.	
Circle One: <input checked="" type="radio"/> Filer Spouse Dependent Child Jointly	Circle One: Addition <input checked="" type="radio"/> Deletion Change	ITEM # 5 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") PEARL CITY YOUTH ORGANIZATION UNITED TO HELP	

Circle One: <input checked="" type="radio"/> Filer Spouse Dependent Child Jointly	Circle One: Addition Deletion <input checked="" type="radio"/> Change	ITEM # <u>5</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") PEARL CITY FOUNDATION DIRECTOR* PRESIDENT-NO COMPENSATION EXECUTIVE DIRECTOR - C
Circle One: Filer Spouse <input checked="" type="radio"/> Dependent Child Jointly	Circle One: <input checked="" type="radio"/> Addition Deletion Change	ITEM # <u>1</u> (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") KUNIO RESTAURANT 94-799 LUMIAINA ST. SUITE 2F WAIKAKULU, HI 96797 B BUSSEY
Circle One: Filer Spouse Dependent Child Jointly	Circle One: Addition Deletion Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
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CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Breanne Z. Hansen

SIGNATURE (Note: This filing is not valid without an original signature.)

5/28/07

DATE